

## Complete Summary

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### GUIDELINE TITLE

Focal segmental glomerulosclerosis: correction of secondary causes.

### BIBLIOGRAPHIC SOURCE(S)

Thomas M. Focal segmental glomerulosclerosis: correction of secondary causes. Nephrology 2006 Apr;11(S1):S194-5.

Thomas M. Focal segmental glomerulosclerosis: correction of secondary causes. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Sep. 3 p. [8 references]

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE  
 METHODOLOGY - including Rating Scheme and Cost Analysis  
 RECOMMENDATIONS  
 EVIDENCE SUPPORTING THE RECOMMENDATIONS  
 BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
 IMPLEMENTATION OF THE GUIDELINE  
 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
 CATEGORIES  
 IDENTIFYING INFORMATION AND AVAILABILITY  
 DISCLAIMER

## SCOPE

### DISEASE/CONDITION(S)

- Focal segmental glomerulosclerosis
- End-stage kidney disease

### GUIDELINE CATEGORY

Management  
 Treatment

### CLINICAL SPECIALTY

Family Practice  
Internal Medicine  
Nephrology  
Pediatrics

## **INTENDED USERS**

Physicians

## **GUIDELINE OBJECTIVE(S)**

To evaluate the available clinical evidence pertaining to the impact of disease-specific interventions on renal functional decline in patients with secondary focal segmental glomerulosclerosis

## **TARGET POPULATION**

Adults and children with focal segmental glomerulosclerosis

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **Treatment\***

Disease-specific interventions in patients with secondary focal segmental glomerulosclerosis (FSGC)

- Highly active antiretroviral therapy in patients with HIV-FSGS
- Therapy of malignancy in patients with tumor-induced FSGS
- Thymectomy in patients with thymoma
- Elimination of parasites in schistosomiasis-associated FSGS
- Elimination of hepatitis C virus (HCV) infection in patients with HCV-associated FSGS
- Weight loss in obesity-associated FSGS

\*Considered but not recommended

## **MAJOR OUTCOMES CONSIDERED**

- Proteinuria
- Delay in progression to end-stage kidney disease

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

**Databases searched:** MeSH terms and text words for focal segmental glomerulosclerosis were combined with MeSH terms relating to secondary causes. This search was carried out in Medline (1996 to September Week 2, 2004).

**Date of search:** 17 September 2004.

## **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Weighting According to a Rating Scheme (Scheme Given)

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

### **Levels of Evidence**

**Level I:** Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

**Level II:** Evidence obtained from at least one properly designed RCT

**Level III:** Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

**Level IV:** Evidence obtained from case series, either post-test or pretest/post-test

## **METHODS USED TO ANALYZE THE EVIDENCE**

Systematic Review with Evidence Tables

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Comparison with Guidelines from Other Groups  
Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Recommendations of Others. Recommendations regarding blood pressure control targets in chronic kidney disease from the following groups were discussed: Kidney Disease Outcomes Quality Initiative, UK Renal Association, Canadian Society of Nephrology, European Best Practice Guidelines, and International Guidelines.

## **RECOMMENDATIONS**

### **MAJOR RECOMMENDATIONS**

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

#### **Guidelines**

#### **No recommendations possible based on Level I or II evidence**

#### **Suggestions for Clinical Care**

(Suggestions are based on Level III and IV sources)

There are several case series documenting improvements in proteinuria and delay in progression to end-stage kidney disease (ESKD) following disease-specific interventions in patients with secondary focal segmental glomerulosclerosis (FSGS). (Level IV evidence, variable response, anecdotal reports)

- Anecdotal case reports suggest the potential for dramatic improvement in both renal function and structure in patients with HIV-FSGS with the use of highly active antiretroviral therapy (HAART). There are currently no well-controlled studies demonstrating the effect of long-term HAART on renal outcomes.
- Effective therapy of the malignancy may lead to remission of proteinuria in the rare patient with tumour-induced FSGS.
- FSGS may not regress after thymectomy in patients with thymoma.

- FSGS does not remit on successful elimination of the living parasites in schistosomiasis-associated FSGS.
- There are case reports where elimination of Hepatitis C (HCV) infection has been associated with remission of proteinuria in patients with HCV-associated FSGS.
- Obesity-associated FSGS may be improved by weight loss and improvement of insulin sensitivity.

To be most effective, therapy needs to be given to patients with early histological lesions and mild proteinuria/renal impairment, hence the need for prompt identification of any underlying illness if patients are to be managed successfully. (Level IV evidence, anecdotal reports)

### **Definitions:**

### **Levels of Evidence**

**Level I:** Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

**Level II:** Evidence obtained from at least one properly designed RCT

**Level III:** Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

**Level IV:** Evidence obtained from case series, either post-test or pretest/post-test

### **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

- Appropriate management of patients with focal segmental glomerulosclerosis (FSGS)

- Improvements in proteinuria and delay in progression to end-stage kidney disease following disease-specific interventions in patients with secondary FSGS

## **POTENTIAL HARMS**

- Improvement in proteinuria
- Progression to end-stage kidney disease

## **IMPLEMENTATION OF THE GUIDELINE**

### **DESCRIPTION OF IMPLEMENTATION STRATEGY**

An implementation strategy was not provided.

## **INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES**

### **IOM CARE NEED**

Living with Illness

### **IOM DOMAIN**

Effectiveness

## **IDENTIFYING INFORMATION AND AVAILABILITY**

### **BIBLIOGRAPHIC SOURCE(S)**

Thomas M. Focal segmental glomerulosclerosis: correction of secondary causes. Nephrology 2006 Apr;11(S1):S194-5.

Thomas M. Focal segmental glomerulosclerosis: correction of secondary causes. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Sep. 3 p. [8 references]

### **ADAPTATION**

Not applicable: The guideline was not adapted from another source.

### **DATE RELEASED**

2006 Apr

### **GUIDELINE DEVELOPER(S)**

Caring for Australasians with Renal Impairment - Disease Specific Society

**SOURCE(S) OF FUNDING**

Industry-sponsored funding administered through Kidney Health Australia

**GUIDELINE COMMITTEE**

Not stated

**COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Author:* Merlin Thomas

**FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

All guideline writers are required to fill out a declaration of conflict of interest.

**GUIDELINE STATUS**

This is the current release of the guideline.

**GUIDELINE AVAILABILITY**

Electronic copies: Available in Portable Document Format (PDF) from the [Caring for Australasians with Renal Impairment Web site](#).

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

**AVAILABILITY OF COMPANION DOCUMENTS**

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2006 May. 6 p.

Electronic copies: Available from the [Caring for Australasians with Renal Impairment \(CARI\) Web site](#).

**PATIENT RESOURCES**

None available

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